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01/29/24 • COVID › NEWS

Scientists Call for Global Moratorium on mRNA Vaccines, Immediate Removal From Childhood Schedule

A review paper published last week in the journal Cureus is the first peer-reviewed paper to call for a global moratorium on the COVID-19 mRNA vaccines. The authors say that reanalyzed data from the vaccine makers' trials and high rates of serious post-injection injuries indicate the mRNA gene therapy vaccines should not have been authorized for use.

By **Brenda Baletti, Ph.D.**

40

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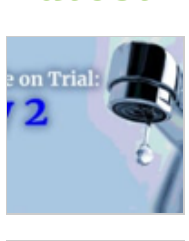
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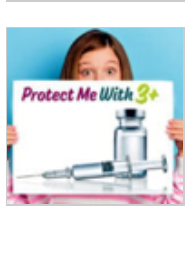
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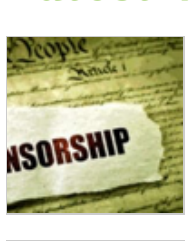
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Governments should endorse a global moratorium on mRNA vaccines until all questions about their safety have been thoroughly investigated, according to the authors of a new, peer-reviewed article on the COVID-19 vaccine trials and the global vaccination campaign published last week in Cureus, Journal of Medical Science.

Cureus is a web-based peer-reviewed open-access general medical journal using prepublication peer review.

The authors surveyed published research on the pharmaceutical companies' vaccine trials and related adverse events. They also called for the COVID-19 vaccines to be removed immediately from the childhood immunization schedule.

After the first reports from vaccine trials claimed they were 95% effective in preventing COVID-19, serious problems with method, execution and reporting in the trials became public, which the paper reviewed in detail.

Evidence also shows the products never underwent adequate safety and toxicological testing, and since the vaccine rollout, researchers have identified a significant number of adverse events (AEs) and serious adverse events (SAEs).

Authors M. Nathaniel Mead, Stephanie Seneff, Ph.D., Russ Wolfinger, Ph.D., Jessica Rose, Ph.D., Kris Denhaerynck, Ph.D., Steve Kirsch and Dr. Peter McCullough detailed the vaccines' potential serious harms to humans, vaccine control and processing issues, the mechanisms behind AEs, the immunological reasons for vaccine inefficacy and the mortality data from the registrational trials.

They concluded, "Federal agency approval of the COVID-19 mRNA injectable products on a blanket-coverage population-wide basis had no support from an honest assessment of all relevant registrational data and commensurate consideration of risks versus benefits."

They also called for the vaccines to be immediately removed from the childhood immunization schedule and for the suspension of the boosters.

"It is unethical and unconscionable to administer an experimental vaccine to a child who has a near-zero risk of dying from COVID-19 (IFR, 0.0003%) but a well-established 2.2% risk of permanent heart damage based on the best prospective data available," they wrote.

Finally, the authors called for a full investigation into misconduct by the pharmaceutical companies and the regulatory agencies.

It is the first peer-reviewed study to call for a moratorium on the COVID-19 mRNA products, Rose told The Defender.

"Once a proper assessment of the safety and efficacy claims was made herein — upon which the emergency use authorization (EUA)'s and ultimate final authorizations were granted — it was found that the COVID-19 injectable products were neither safe nor effective," she added.

According to McCollough, "mRNA should never have been authorized for human use."

Lead author Mead told The Defender, "Our view is that any risk-benefit analysis must consider how much the presumed benefit in terms of reduced COVID-19 related mortality is offset by the potential increase in vaccine-induced mortality."

Here are six takeaways from the review:

1. The COVID-19 'vaccines' are reclassified gene therapies that were rushed through the regulatory process in a historically unprecedented manner

Before the seven-month authorization process for the mRNA vaccines, no vaccine had ever gone to market without undergoing testing of at least four years, with typical timelines averaging 10 years.

To speed the process, the companies skipped preclinical studies of potential toxicity from multiple doses and cut the typical 6-12 month observation period for identifying longer-term adverse effects and the established 10-15-year period for monitoring for long-term effects such as cancer and autoimmune disorders, the authors wrote.

The trials prioritized documenting effective symptom reduction over SAE and mortality. This was particularly concerning, the authors argued, because mRNA products are gene therapy products reclassified as vaccines and then given EUA for the first time ever for use against a viral disease.

However, the gene therapies' components have not been thoroughly evaluated for safety for use as vaccines.

There is an uninvestigated and major concern that the mRNA could transform body cells into viral protein factories — with no off-switch — that produce the spike protein for a prolonged period causing chronic systemic inflammation and immune dysfunction.

The spike protein in the vaccine, the authors said, is associated with more severe immunopathology and other AEs than the spike protein in the virus itself.

The authors suggested that massive government investment in mRNA technology, including hundreds of millions before the pandemic and tens of billions once it began, meant, "U.S. federal agencies were strongly biased toward successful outcomes for the registrational trials."

The financial incentives along with political pressures to deliver a rapid solution likely influenced a series of flawed decisions that compromised the integrity of the trials and downplayed serious scientific concerns about risks with the technology, they added.

RFK Jr. and Brian Hooker's *New* Book: "Vax-Unvax" ORDER NOW

2. Steps were taken in trials to overestimate vaccine efficacy

Because the trials were designed to assess whether the mRNA vaccine reduced symptoms, they did not measure whether the vaccines prevented severe disease and death. Yet the vaccine makers repeatedly claimed that they do.

"No large randomized double-blind placebo-controlled trials have ever demonstrated reductions in SARS-CoV-2 transmission, hospitalization, or death," the authors wrote.

Additionally, the number of people who contracted clinical COVID-19 in both the placebo and intervention groups was "too small to draw meaningful, pragmatic, or broad-sweeping conclusions with regard to COVID-19 morbidity and mortality."

Pfizer's 95 % efficacy claims were based on 162 of 22,000 placebo recipients contracting PCR-confirmed COVID-19 compared to eight of 22,000 in the vaccine group. None of the placebo recipients died from COVID-19. In the Moderna trials, only one placebo death was attributed to COVID-19.

There was also a much larger percentage of "suspected COVID-19 cases" in both groups, with participants showing COVID-19 symptoms but a negative PCR test. When factoring in those cases, measures of vaccine efficacy drop to about 19%.

The trial subject pool was comprised of largely young and healthy individuals, excluding key groups — children, pregnant women, elderly and immunocompromised people — which can also obscure the vaccine's actual efficacy and safety.

Findings from reanalyses of data from the Pfizer trials can be interpreted as showing the vaccines made "no significant difference" in reducing all-cause mortality in the vaccinated versus unvaccinated groups at 20 weeks into the trial, the authors wrote.

Even the six-month post-marketing data Pfizer presented to the U.S. Food and Drug Administration (FDA) showed no reduction in all-cause mortality from the vaccine.

The authors reanalyzed that data, adjusting the analysis of deaths to better account for the fact that when Pfizer unblinded the study people from the placebo group took the vaccine, and found the vaccine group had a higher mortality rate (0.105%) than the unvaccinated group (0.0799%), which they said was a conservative estimate.

One of the most glaring issues with the registrational trials, they noted, was that they exclusively focused on measuring risk reduction — the ratio of COVID-19 symptom rates in the vaccine group versus the placebo group — rather than measuring absolute risk reduction, which is the likelihood someone will show COVID-19 symptoms relative to people in the population at large.

According to FDA guidelines, accounting for both approaches is crucial to avoid the misguided use of pharmaceutical products — but the data were omitted, leading to an overestimation of an intervention's clinical utility.

While both vaccines touted an approximately 95% risk reduction figure as their efficacy figure, the absolute risk reductions for Pfizer and Moderna's vaccines were 0.7% and 1.1% respectively.

"A substantial number of individuals would need to be injected in order to prevent a single mild-to-moderate case of COVID-19," the authors wrote.

As an example, using a conservative estimate that 119 people would need to be vaccinated to prevent infection, and assuming that COVID-19 had a 0.23% infection fatality rate, they wrote that approximately 52,000 vaccinations would be necessary to prevent a single COVID-19-related death.

However, "Given trial misconduct and data integrity problems … the true benefit is likely to be much lower," they wrote.

And, they added, one would need to assess that benefit along with harms, which they estimate to be 27 deaths per 100,000 doses of Pfizer. That means, using the most conservative estimates, "for every life saved, there were 14 times more deaths caused by the modified mRNA injections."

They also noted that post-rollout evidence confirmed the efficacy claims were overstated. For example, two large cohort Cleveland clinic studies showed the vaccine could not confer protection against COVID-19 — instead, in those trials, more vaccinated people were more likely to contract COVID-19.

One study showed the risk of "breakthrough" infection was significantly higher among people who were boosted and that more vaccinations resulted in a greater risk of COVID-19.

A second study showed adults who were not "up-to-date" with their shots had a 23% lower incidence of COVID-19 than their "up-to-date" colleagues.

3. The trials underestimated the adverse events, including death, despite evidence in the data.

Harms were also underreported and underestimated for a number of reasons, according to the authors, a practice that tends to be common in randomized industry-sponsored vaccine trials in general and "exceptionally evident" here.

First, because Pfizer unblinded the trial within just a few weeks of the emergency use authorization and allowed people in the placebo group to take the vaccine, there was not sufficient time to identify late-occurring harms because there was no longer a control group.

"Was this necessary, given that none of the deaths in the Pfizer trial were attributed to COVID-19 as the primary cause, and given the very low IFR [infection fatality rate] for a relatively healthy population?" they asked.

Also, trial coordinators were "haphazard" in their approach to monitoring AEs. They prioritized documenting events thought to be related to COVID-19 rather than to the vaccines for the first seven days and only recorded "unsolicited" AEs for 30-60 days. After that period, even very SAEs, like death, were not recorded. Even for the AEs recorded in the first seven days, they only solicited data from 20% of the population.

None of the trial data was independently verified. "Such secrecy may have enabled the industry to more easily present an inflated and distorted estimate of the genetic injections' benefits, along with a gross underestimation of potential harms," they wrote.

Subsequent analysis by Michels et al. revealed that deaths and other SAEs — like life-threatening conditions, inpatient hospitalization or extension of hospitalization, persistent or significant disability/incapacity, a congenital anomaly, or a medically significant event — did occur after the cutoff period and before the FDA advisory meeting where emergency authorization was recommended.

During the first 33 weeks of the Pfizer trials, 38 subjects died, according to Pfizer's own data, although independent research by Michels et al. estimated that that number is only approximately 17% of the actual projected number due to missing data.

And after that, the rate of deaths continued to increase. Michaels et al. found Pfizer failed to report a substantial increase in the number of deaths due to cardiovascular events. They also found a consistent pattern of reporting delays on the date of the death on subjects' case reports.

Overall, the review authors reported that there were "twice as many cardiac deaths proportionately among vaccinated compared to unvaccinated subjects in the Pfizer trials."

In their discussion, the authors wrote "Based on the extended Pfizer trial findings, our person-years estimate yielded a 31% increase in overall mortality among vaccine recipients, a clear trend in the wrong direction."

This raises serious red flags about how the registrational trials were conducted, Mead said. "Assessments of the safety profile of the COVID-19 modified mRNA injections warrant an objective precautionary perspective, any substantial upward trend in all cause mortality within the intervention arm of the trial population reflects badly on the intervention."

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4. Numbers of SAEs in the trials and post-rollout reporting are well-documented, despite claims to the contrary.

Both Pfizer and Moderna found about 125 SAEs per 100,000 vaccine recipients, or one SAE for every 800 vaccines. However, because the trials excluded more vulnerable people, the authors note, even higher proportions of SAEs would be expected in the general population.

The Fraiman et al. reanalysis of the Pfizer trial data found a significant 36% higher risk of SAEs, which included deaths and many life-threatening conditions in the vaccinated participants.

Official SAEs for other vaccines average around only 1-2 per million. Fraiman et alestimated 1,250 SEAs per million vaccines, exceeding that benchmark by "at least 600-fold."

After the vaccine rollout, analyses of two large drug safety reporting systems in the U.S. and Europe identified signals for myocardial infarction, pulmonary embolism, cardio-respiratory arrest, cerebral infarction, and cerebral hemorrhage associated with both mRNA vaccines, along with ischemic stroke.

And millions of AEs have been reported to those systems.

Another study by Skidmore et al. estimated the total number of fatalities from the vaccines in 2021 alone was 289,789. Autopsy studies have also provided additional evidence of serious harms, including evidence that most COVID-19 mRNA vaccine-related deaths resulted from injury to the cardiovascular system.

In multiple autopsy studies, German pathologist Aren Burkhardt documented the presence of vaccine-mRNA-produced spike proteins in blood vessel walls and brain tissues. This research helps to explain documented vaccine-induced toxicities affecting the nervous, immune, reproductive and other systems.

The Pfizer data also showed an overwhelming number of adverse effects. According to a confidential document released in August 2022, Pfizer had documented approximately 1.6 million AEs affecting nearly every organ system, and one-third of them were classified as serious.

In Pfizer's trial, Michels and colleagues found a nearly 4-fold increase (OR 3.7, 95%CI 1.02-13.2, $p = 0.03$) in serious cardiac events (e.g., heart attack, acute coronary syndrome) in the vaccine group. Neither the original trial report nor Pfizer's Summary Clinical Safety report acknowledged or commented on this safety signal.

"The serious adverse events are all well documented," Mead said. "Yet it's surprising to see so many in the medical field continue to ignore or dismiss outright the latter half of the equation when considering all cause mortality trends."

5. The failure to appropriately test for safety and toxicity poses serious problems.

Researchers have raised concerns that the mRNA technology is inherently unstable and difficult to store, which leads to batch variability and contamination linked to different rates of AEs.

Recent findings by McKernan et al. that found Pfizers' mRNA vaccines are contaminated with plasmid DNA that shouldn't be present — and wasn't present in the vaccines used in the trials – raising serious safety issues.

That's because "Process 1," used in the trials to generate the vaccines involved in vitro transcription of synthetic DNA — essentially a "clean" process. However, that process isn't viable for mass production, so the manufacturers used "Process 2," which involves using E. coli bacteria to replicate the plasmids.

Removing plasmids E coli. can result in residual plasmids in the vaccines and the effects of their presence is unknown.

McKernan's work also revealed the presence of DNA from simian virus 40 (SV40), an oncogenic DNA virus originally isolated in 1960 from contaminated polio vaccines, induces lymphomas, brain tumors, and other malignancies in laboratory animals, raising other safety concerns.

Researchers from Cambridge published a paper in Nature in December 2023, where they found an inherent defect in the modified RNA instructions for the spike protein in COVID-19 immunizations that causes the machinery that translates the gene to the spike protein to "slip" about 10% of the time

This process creates "frameshifts" that cause cells to produce "off-target" proteins in addition to the spike. These proteins, which developers either failed to look for or did not report to regulators, cause undesirable immune responses whose long-term effects are unknown.

6. There are many different possible biological mechanisms that cause AEs and vaccine ineffectiveness.

The review points readers to a series of papers that explain a number of different theories to explain the high number of AEs from the COVID-19 mRNA vaccines.

"The mechanisms of molecular mimicry, antigen cross-reactivity, pathogenic priming, viral reactivation, immune exhaustion, and other factors related to immune dysfunction all reinforce the biological plausibility for vaccine-induced pathogenesis of malignant and autoimmune diseases," they wrote. And these mechanisms of immune activation are distinct from the body's response to a viral infection.

They also note the toxic effects of the primary adjuvant, PEG, and of the spike protein itself.

They close their analysis of the vaccines with a complex explanation for the different immunological basis for protection provided by the vaccines versus natural immunity through infection. They explain the mechanisms for vaccine failure and problems generated by the ability for the mRNA vaccines to perpetuate the emergence of new variants.

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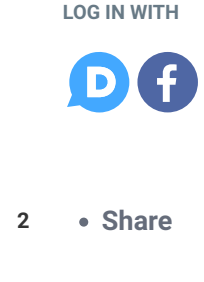

Brenda Baletti, Ph.D.
Brenda Baletti Ph.D. is a reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.

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holisticpoet
5 days ago
It's amazing how fast that the Covid jabs were approved for use, especially when you consider the amount of adverse events that occurred in the trials that were ignored or eliminated. Now that the information is out there that this jab is not only ineffective, but causes much more harm than good, lets see how long the major players keep touting the safe and effective mantra. They all belong in jail or worse.
24 0 Reply • Share ›

Bill H RRT ↗ holisticpoet
5 days ago edited
This was considered at the time, "a national emergency". So, the urgency (propaganda) was created to make you think that there was imminent danger to the greater public. This had the majority of the public turn on the sensible, and responsible individuals (especially those in healthcare that knew better ie MDs, RNs, RCPs, et al) and shuned all the real experts in the matter.

It didn't matter if you were a renown cardiologist, immunologist, or virologist. None of it mattered. But, look who actually made out, and where all the transfer of wealth went, in the aftermath.

This was a crime against humanity. Millions world wide suffered, or died, and there seemingly no accountablility. None.
19 0 Reply • Share ›

patriotmom ↗ holisticpoet
5 days ago
There are people out there (some of which I have tried to warn), who are still thinking these are the end all be all. My husband thinks they know by now, but just don't want to admit they were wrong. I disagree with him. So many people don't do any research, and don't go on websites such as The Defender so I don't really think they have a clue as to how wrong they are/were.
19 0 Reply • Share ›

CastleConnell ↗ patriotmom
5 days ago
I agree with you, I know many going for boosters and are in a fog about the whole thing, and they do not do research.
13 0 Reply • Share ›

Rob DF ↗ patriotmom
5 days ago
You are absolutely correct. the vast majority have no clue about anything that's going on.
11 0 Reply • Share ›

CastleConnell ↗ holisticpoet
5 days ago
They are recommended daily on the radio and spoken about with assurance. Even the hosts of the radio shows are guilty.
13 0 Reply • Share ›

WEF WHO ↗ holisticpoet
5 days ago
Agreed, sadly these malfeasants are now simply saying, "Try and stop us!"
9 0 Reply • Share ›

IRISH ↗ holisticpoet
3 days ago
no vaccine is safe or effective. they are insults to the immune system.
2 0 Reply • Share ›

Duties
5 days ago
All the bean sprouts in America are recalled when a few people get diarrhea but the mRNA jab just kept being pushed. Unconscionable.
18 0 Reply • Share ›

Kathleen Blanchard ↗ Duties
5 days ago
-yes, and melatonin was banned decades ago for 1 "bad batch"...or was it due to the harmaceutical industry losing lots of $$ on their sleep aid products?
3 0 Reply • Share ›

Ty Shlackman ↗ Kathleen Blanchard
5 days ago edited
Melatonin is perfectly legal to purchase. Maybe you're thinking of L-Tryptophan though that is legal now also but at one time it was removed from the market.
1 0 Reply • Share ›

Afshin Nejat ↗ Duties
4 days ago
Someone gets diarrhea from some batch of soybeans, and everyone just goes CRAAAAAAZY... Experimental and unverified substance is forcibly and coercively and deceitfully foisted on everyone, even children, and no one bats an eyelash.
1 0 Reply • Share ›

BarbaraCharis
5 days ago
Isn't it interesting how vaccine makers provide their information about for-profit products? They spout off about their research proving how safe vaccines are...and others medical professionals believe them??? Doesn't this make many wonder about the intelligence of the Medical Community? If doctors did their own research on the Immune System, they never would have trusted erroneous information provided by vaccine makers. People really need to do their own research, before being told to take drugs or vaccines. It is not difficult to understand how the immune system works, even if you are not a doctor. The Immune System reacts and REJECTS any matter that harms it; and INJECTIONS of any kind, ARE harmful. They do not strengthen it. Foreign protein of any kind will overwhelm it and destroy its ability to protect the body.
14 0 Reply • Share ›

Sandburners ↗ BarbaraCharis
4 days ago
My retired doc friend refused to take any of the jabs. All that type of BS, even prior to COVID, is why he retired so young,
2 0 Reply • Share ›

tamarque
5 days ago
Nice to have a synopsis of the experience with these drugs. What still strikes me is the resistance of medical practitioners to even consider the damage these drugs do. Guess they were no only bamboozled with extra money for compliance but seriously threatened by the CDC directives to States License Boards to go after anyone who dared raise questions. Frightened and bought off-- a significant double tactic to ensure compliance with mouths shut. What a cowardly, ignorant bunch of people that are considered a preferred profession!
12 0 Reply • Share ›

CastleConnell ↗ tamarque
5 days ago
Yes, the medical practitioners complied to a T. They will not risk their licenses, ethics be damned.
9 0 Reply • Share ›

tamarque ↗ CastleConnell
5 days ago
It really is a very conservative profession and people are trained to comply and 'fit in.' A big piece of the training is how to be socialized into the trade. I used to say the same about going to college when people worried about not committing to a particular major or field to go into. It is 4 yrs of learning how to deal on a particular level in our society. Medical people learn to function on a certain level and get kudos only when they follow the rules. Years of this training, on top of whatever they brought with them from younger years results in producing good and dutiful clones. Remember even at the beginning of covid whenever a doctor or nurse raised questions based on their observation they were rudely shut down, dismissed or isolated. Like getting spanked and sent to the corner until they could behave themself.
4 0 Reply • Share ›

Paul Hastilow
5 days ago
Two Major factors are apparent in this issue.
Financial Incentives, (warp speed Vaxxines by Big pHarma) $illions in Sales.
Political Pressure…..! To find a Remedy..!
Even though there never was any Support for "Honest Assessments" on evidence about "Adverse Reactions" due to "Haphazard" reporting from Federal Agencies, (FDA, CDC, WHO, NIH.)
Fauci and His Cohorts ,lead the Charge into "Stupidity". Masks, Lockdowns. (Flatten the Curve). Social Distancing, Infecting your Granny.??? Closing Schools. The use of Remdesivir (Repurposed from AIDS), use of Ventilators, (Guaranteed Death).
It was All about "Money" & "Control"…. We were/are the Experiment…!
And the "Scientist Drs" don't like us proving them Wrong on so many issues.
They hide behind "Redacted Documents", and when Questioned on the subject,
The Answer is "I don't Recall"….. Lies, Lies, Lies.
Give All concerned a "Polygraph Test" or Prison time for Contempt of Court, until their Memory comes back.!
So Sad to see No One is Held accountable for their "Crimes against Humanity.".!
9 0 Reply • Share ›

Double_Up
5 days ago
With turbo cancers, deaths from heart damage, deaths and disorders from neurological damage, what else can the vaxxes do?
8 0 Reply • Share ›

CastleConnell ↗ Double_Up
5 days ago
Mad cow
3 0 Reply • Share ›

el Gallinazo
5 days ago edited
The DOD purchased all the clotshots as **countermeasures** under the Prep Act. They were never legally pharmaceuticals. The Christian Drosten rt-PCR test was a total fraud. It never had a validation study, as required for a chemical based diagnostic test. A Magic Eight Ball would have performed better in a validation study. It was necessary as there never was a SARS-CoV-2 virus so the "pandemic" had to be artificially and exponentially boosted. We finally got a symptomless, lethal disease. A miracle of modern medicine. Kari Mullis died a few months before the start of the scamdemic. He would have been a HUGE thorn in the side of the parasite class regarding their operation. Since the clotshot was legally a defensive weapon system purchased and administered by the DOD, the "trials" were Stalinesque show trials (pun intended) and had no legal standing. Pfizer's defense against civil charges of fraud was that the government, who paid the bill, was in on it, so no one was defrauded. The scamdemic had two primary objectives as it was rolled out by the parasite class.
1) Kill the global economy.
2) Depopulation. I suspect that all or most of the children who got the clotshots when they reach puberty will be discovered to be infertile. Women who got it in the first and second trimesters have had statistically terrible issues with bringing their babies to a healthy term. For everyone who took it (which includes my SO over my vociferous screams), you have been gaslighted. Even Ingrid Bergman figured it out by the end of the movie.

The real story is being unfolded by Sasha Latypova for people who are interested in the truth.
6 0 Reply • Share ›

George ↗ el Gallinazo
5 days ago
Yep, Sasha Latypova and Katherine Watts have miraculously unraveled the complex web of government laws and rules that deceived most of us. Se their Substack articles. Similar situations have been uncovered in numerous countries including, Canada, Australia, UK, New Zealand, the EU... It's a global operation that was developed over decades! The criminals behind this are not Big Pharma, they just played along. It's DoD, HHS...
6 0 Reply • Share ›

Lionheart ↗ el Gallinazo
4 days ago edited
Thanks for this information, I will look up the ladies mentioned. I recall Clayton & Natalie Morris from Redacted on Youtube few months ago uncovering and discussing official DOD documentation preparing this 'evil' clot shot agenda more than a decade ago. You're right, Big Pharma and even Blackrock (Blackrock Owns Pfizer) just played along, they are not the biggest threat, Unbelievable!!!

2 0 Reply • Share ›

Voyt Regnal
5 days ago

Dream on. It will not happen. Meanwhile avoid these poison death shots for yourself and kids. Create/obtain fake certification if necessary...I predict this will be easier every year.

9 1 Reply • Share ›

CastleConnell ➦ Voyt Regnal
5 days ago

I saw that medical staff who created fake vaccine cards are being prosecuted. I don't recommend that strategy it can come back and cause big legal problems.

2 3 Reply • Share ›

Rob DF ➦ CastleConnell
5 days ago

I didn't take the VAX and couldn't travel for almost 2 years... next time the gloves come off.

6 0 Reply • Share ›

A. Miller
5 days ago

Yeah....but talk about a day late and thousands of deaths and injuries too late...these people are part of the problem.

5 0 Reply • Share ›

trmlogan ➦ A. Miller
5 days ago

If you're speaking of the brave scientists that published this paper, they have been speaking out from the very beginning, not only about the jabs but about all the Covid fear mongering & hospital protocols, and they've been maligned every step of the way. But they didn't quit & now they managed to do this in depth analysis & publish this review, which is quite amazing. They have never been part of the problem, and have paid dearly but haven't quit. Unless you've also been willing to lay your career & reputation on the line, you've got nothing to say against their efforts God Bless Them!!!.

9 0 Reply • Share ›

el Gallinazo
5 days ago

Yes, just like your typical mafia hitman gets "bamboozled" by the extra money.

5 0 Reply • Share ›

JSJ
4 days ago

The majority of all degree holders including doctors is in the 115 to 120 range just above average. 80% of the world's population isn't actually capable of actually thinking; They can tell you how they feel about something but if you ask them what they think about it, they don't know what to say. The ability to perform complex Routines on command is mistaken for intelligence. The core of an average Doctor's ego is probably the praise and money they receive for being smart, special, and important.

3 0 Reply • Share ›

Matt
4 days ago

Look at the blood under dark field microscopy. The vaccinated have blinking lights, rouleux formation, and what appears to be biocircuitry. The Pfizer trials warned the vaccinated cohorts to stay away from pregnant woman, warning that the vaccines can spread through skin contact and by aerosol. This shedding has been confirmed in Ana Mihalcea, MD, Ph.D's clinic. She looks at all her patients blood, both vaccinated and unvaccinated under electron microscopy and has found all the unvaccinated are showing the same things in the blood as the vaccinated. This is why Biden pushed so hard to reach a 70%+ vaccination rate. The goal all along was for this to shed onto the unvaccinated.

Go to her substack and you will find pictures of what's happening to the blood.

Here's an article that explains from the literature how the self assembling nanoparticles harvest your energy to build and run biocircuits inside of you.
https://anamihalceamdphd.su...

The Project Defuse, Peter Daszak and Ralph Baric's work was designed to create pathogens to scare people into taking these experimental vaccines. Go to howbadismybatch.com and note how many different lots there are and how they are identified. This is a mass experiment. There are many different types of these shots being tried out on people with an end goal of refining transhuman technologies.

3 0 Reply • Share ›

Ektor
4 days ago

Three years too late. Nothing will change and they will continue to add more poison vaccines and mRNA substances to the childhood schedule in order to murder more children. That is the end game along with more profits for big pharma and the scumbag doctors who worship them.

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Lionheart ➦ Ektor
4 days ago

There has to be a way fight back and restore us back to the natural order of peace and excellent health?!

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Jeanne DiMassa
5 days ago

Good luck with anything coming of this

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r2bzjudge
4 days ago

“The serious adverse events are all well documented,” Mead said. “Yet
it’s surprising to see so many in the medical field continue to ignore
or dismiss outright the latter half of the equation when considering all
cause mortality trends.”

Doctors are being threatened with losing their hard earned medical career if they speak out. Look at what happened to Dr.s Marik and Nass. What doctors want to be put through that for speaking up? It is not so surprising that doctors ignore or dismiss the Covid shots as being the cause of so many adverse events.

2 0 Reply • Share ›

Stuff Happens
5 days ago

“If you get vaccinated you won’t catch covid.”
-Joe Biden

2 0 Reply • Share ›

Jerry Alatalo
3 days ago

Finally, the authors called for a full investigation into misconduct by the pharmaceutical companies and the regulatory agencies.

*
A full investigation inside the appropriate United States Congress committees is necessary, but dependent on elected representatives actually possessing a moral backbone.

Children’s Health Defense

Children’s Health Defense® is a 501(c)(3) non-profit organization. Our mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable and establish safeguards to prevent future harm. We fight corruption, mass surveillance and censorship that put profits before people as well as advocate for worldwide rights to health freedom and bodily autonomy.

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